

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214500795			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: HOLIDAY TRAILS, INC.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ROBERT J. KRONER 418 EAST WATER STREET CHARLOTTESVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: CHARLOTTESVILLE CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 1/31/2014</p> <p>SCC ID NO: 01360916</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
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<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 400 HOLIDAY TRAILS LANE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: CHARLOTTESVILLE, VA 22903</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ALISON OKERLUND TITLE: PRESIDENT ADDRESS: 1007 Blenheim AVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ALISON OKERLUND TITLE: PRESIDENT ADDRESS: 1007 Blenheim AVE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22902	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:	John Lewis	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	126 Garrett St., Suite J		
CITY/ST/ZIP/CO:	Charlottesville, VA 22902		
NAME:	Kathy Zentgraf	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2320 Price Avenue		
CITY/ST/ZIP/CO:	Charlottesville , VA 22903		
NAME:	Ashleigh Bergstrom	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	862 Jefferson Drive		
CITY/ST/ZIP/CO:	Palmyra, VA 22963		
NAME:	Franklin S. Edmonds, Jr.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	85 Farmington Drive		
CITY/ST/ZIP/CO:	Charlottesville, VA 22901		
NAME:	Kellogg Leliveld	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	110 George Rogers Road		
CITY/ST/ZIP/CO:	Charlottesville, VA 22911		
NAME:	Kellie Sauls	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO Box 5056		
CITY/ST/ZIP/CO:	Charlottesville, VA 22903		
NAME:	April Waylett	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3062 Clear Springs Court		
CITY/ST/ZIP/CO:	Charlottesville, VA 22911		
NAME:	Ann Wicks	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3801 Old Meadows Lane		
CITY/ST/ZIP/CO:	North Garden, VA 22959		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ ALISON OKERLUND	ALISON OKERLUND, PRESIDENT	12/4/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			